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FACSIMILE TRANSMITTAL SHEET

TO: Examiner Rosiland Stacie Kearney – Group Art Unit: 3739

FIRM/COMPANY: U.S. Patent and Trademark Office

FACSIMILE NUMBER: (703) 308-0758

CONFIRMATION TELEPHONE: 703.308.0858 (Receptionist) or
703.308.2711 (Examiner)

FROM: Anne Marie Leavy for Edward J. Lynch

DIRECT DIAL: 415.371.2217

DATE: November 12, 2003

USER NUMBER: 9070

FILE NUMBER: Docket No. R0370-01901 (formerly 22963-1241)

TOTAL # OF PAGES: 14
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UNOFFICIAL

MESSAGE: Attached is a Response to the Office Action mailed 8/12/2003 in connection with patent application Serial No. 09/901,856, filed July 9, 2001.

Please confirm receipt of this facsimile.

NOTE: Original will NOT follow

CONFIDENTIALITY NOTICE

THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL AND IS INTENDED ONLY FOR THE REVIEW OF THE PARTY TO WHOM IT IS ADDRESSED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY TELEPHONE THE SENDER ABOVE TO ARRANGE FOR ITS RETURN, AND IT SHALL NOT CONSTITUTE WAIVER OF THE ATTORNEY-CLIENT PRIVILEGE.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Alan K. Schaer*

) Examiner: R. S. Kearney

For: **LINEAR ABLATION ASSEMBLY**

) Group Art Unit: 3739

Serial No.: 09/901,856

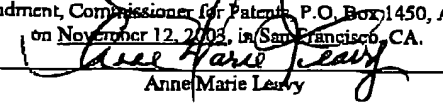
Filed: July 9, 2001

Atty. Docket No.: R0370-01901

) **TRANSMITTAL**

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this these papers are being sent by facsimile to (703)308-0758, addressed to Examiner Rosiland Stacie Kearney, at Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on November 12, 2003, in San Francisco, CA.


 Anne Marie Leavy

Mail Stop Non-Fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

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Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Amendment and Response to Office Action Mailed 8/12/03.

2. Claim Fee Calculation

- ☒ No additional claim fee is required.
☐ Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	1 - 3 =	0 x	\$43=	\$ 0
Total Claims	2202	3 - 25 =	0 x	\$9=	\$ 0

Total Fees Due \$ -0-

3. Payment of Fees

- Enclosed is a check for the total fees due in the amount of _____.
☒ The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0370-01901.

By: 

Edward J. Lynch
 Registration No. 24,422

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